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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/936,571	<b>FILING OR 371(c) DATE</b> 09/14/2001 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> HBC 232-KFM	
<b>APPLICANTS</b> Martin Rahe, Huellhorst, GERMANY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/DE00/00334 02/03/2000 <b>** FOREIGN APPLICATIONS *****</b> GERMANY 199 04 556.9 02/04/1999 <div style="text-align: center;"><b>** SMALL ENTITY **</b></div>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Karl F Milde Milde Hoffberg & Macklin Suite 460 10 Bank Street White Plains ,NY 10606					
<b>TITLE</b> DEVICE FOR RECEIVING AND CONTROLLING VOIDED URINE					
<b>FILING FEE RECEIVED</b> 430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		